Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/2014
(1) Coverage	(2) Annual Premium Volume (Illinois <u>)</u> *	(3) Percent Change (+ <u>or -)**</u>
Coverage	Volume (minois)	Change ( . Or )
Automobile Liability Private     Passenger Commercial     Automobile Physical Damage		
Private Passenger Commercial	\$946,393	-3.1%
Liability Other Than Auto     Burglary and Theft		-3.170
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other > Notice malmach (b)		
15. Other > \\\(\(\)\\(\)\\\\\\\\\\\\\\\\\\\\\\\\		
Line of Insurance		
De la Ciliana de la combina de mitama /	tarritarias) or sortain alabase 2 lf as anosifu	No
Does filing only apply to certain territory (	territories) or certain classes? If so, specify:	No
Brief description of filing (If filing follows	rates of an advisory organization, specify or	danization):
Lowering Hospice class rates (classes H		ga/1124(1011).
Lowering Hospice class rates (classes in	<del>501 - 1100 - 1</del> 5.	
Introducing Cyber Liability rating factors a	and minimum premiums.	
Updating rules to reference new forms.		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	
	American Alter	native Insurance Corporation
		Name of Company
	Stephen Corbett, Hea	d of Insurance Company Operations
		Official - Title

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced I	by rate revision effective	10/15/2013
(1)	(2)	(3)
• •	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other - Psychoanalysts	\$543,000	3%
Line of Insurance	<del></del>	
Does filing only apply to certain territory (territories) or c	ertain classes? If so, specify:	
Brief description of filing. (If filing follows rates of an ad The companies are proposing a 3.0% base rate increas		

American Home/National Union Group Name of Company

Steven R. Harris - Vice President Official-Title

H29219D

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium	or rate level produced I	by rate revision
effective 11/1/13 New, 12/1/13 Renewal	·	
(1)	(2)	(3)

-	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or ) **
1.	Coverage Automobile Liability Private	- Volume (millois)	Change (+or-) **
١,	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		. •
	Commercial		
3.	Liability Other Than Auto	<del></del>	
4.	Burglary and Theft		
5.	Glass		
<b>3</b> .	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail MAMM		
15.	Other Businessowners Professional Liab	653,778	+0.8
	Line of Insurance		
•	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or o	certain
	Brief description of filing. (If f	iling follows rates of an ac	ivisory
	Organization, specify organization):	Ma are filing a revision to	our Pharmacy Professional Liablity
	rates.	we are filling a revision to d	our Friamacy Fibressional Liability
	Tates.		
	*Adjusted to reflect all prior ra	te changes	
	**Change in Company's prem		from application of new
	rates.		
		Pharmacists Mutua	I Insurance Company

Name of Company Rich Berke, East Team Vice President

Official - Title

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ite level produced by rate revision
effective 1/1/2014	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Commercial		
Automobile Physical Damag		_
Private Passenger		
Commercial	**************************************	
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Medical Malpractice - Podiary	6,478,054	+5%
Life of Insurance		
D 611	·	
Does filing only apply to certain	n territory (territories) or	cenain
Classes? If so,	li tll toitorion in Illino	aio for our Dadiotru lina
specify: This filing	applies to all territories in Illino	ols for our Fodiatry line.
Brief description of filing. (If fi	ling follows rates of an a	advisory
Organization, specify	ing follows rates of arra	id visor y
organization, specify	This is a revised rate filing	g requesting a 5% rate increase.
organization).	This is a revised rate ming	g roquesting a 670 valo moreads.
*Adjusted to reflect all prior ra	te changes.	
**Change in Company's prem	ium level which will resu	llt from application of new
rates.		
	Podiatry Insurance	e Company of America
	Na	me of Company

Jason Sokol, Director of Actuarial Services

Official - Title